

215040909
62927

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 031	Agency Case No. B5-093157	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/06/2015		TIME OF ACCIDENT	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1638	10/06/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 2700 O st.		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	75.00		X	N. 27th st.		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES		N S E W	AND MILES		
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	DRIVER		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1	Unknown		PHONE	LOCAL NO.	
V2/N	1	DRIVER ADDRESS		CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
G	1	OWNER		PHONE	LOCAL NO.	
H	5	Unknown		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.	
V1/O	5	LICENSE PLATE NO.	Unknown	YEAR (Plate Expires)	STATE (Of Plate)	
V2/O	2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE
I	1	VEHICLE ID NO. (VIN)	2011	Hyundai	SLI	4 door Sedan
J	8	VEHICLE ID NO. (VIN)	5NPEC4AB6BH175119	INSURANCE COMPANY	Unknown	
K	01	TOWED TO	TOWED BY	POLICY NO.	4336-54-37-66	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
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VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-093157



Indicate
North
by Arrow



To N. 27th st.

Alley

Parking Lot



2700 N.
27th

To O
st.

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner of vehicle #2 said she parked her vehicle in the parking lot just to the north of the restaurant she went into to eat. Owner of vehicle #2 said she was in the restaurant for approx. 20 minutes and when she returned she noticed vehicle #1 struck her vehicle and left w/o exchanging or attempting to exchange driver and vehicle information. Owner of vehicle #2 said she remembers a larger white truck with an enclosed box parked to the south of her prior to going into the restaurant. Owner of vehicle #2 said when she came back out the larger white truck was gone and had damage to her vehicle. Unknown on driver of vehicle #1 and unknown on plate to vehicle #1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												
1			X		2700 N. 27th												
2				X	2700 N. 27th st												
1	02				06 Turning left	POINT OF IMPACT	04	POINT OF IMPACT	07								
2	10				08 Entering traffic lane	MOST DAMAGED AREA	04	MOST DAMAGED AREA	07								
				01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown				00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other				1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		Driver No. 1 5 Driver No. 2 1	
								VEHICLE 2 									

OFFICER NO. 1288	TROOP/ TEAM/ BEAT CE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> Chad Baehr		INVESTIGATOR SIGNATURE Approved by Officer Chad Baehr	DATE OF REPORT 10/06/2015